### **Managing Images of People**

### **Individual Consent Form**

This consent form is for any person who may be involved in any photography or filming organised by or on behalf of the Royal College of Obstetricians and Gynaecologists (RCOG). For further information on how RCOG handles personal data, please visit our website at <https://www.rcog.org.uk/en/legal/privacy-policy-cookies/>

**I confirm that I have consented to be filmed/photographed on behalf of the Royal College of Obstetricians and Gynaecologists and that (tick as appropriate):**

I agree for my images to be used in printed publications produced by the College or on behalf of the College

I agree for my images to be used on the internet, which is available worldwide, including in countries where individual rights are not protected by data protection law

I agree for my images to be used in promotional videos, exhibitions, social media or presentations

I agree for my images to be used in the local, national and specialist press and media, in order to further the work of the College or the specialty of obstetrics and gynaecology

I agree for my images to be supplied for use by other organisations and individuals in the fields of medicine, healthcare and related disciplines

You can withdraw your consent at any time. Please contact the Information Governance team at the RCOG at [dataprotection@rcog.org.uk](mailto:dataprotection@rcog.org.uk). Upon your request to withdraw consent, the RCOG will cease to use your images through its own channels. Please see the RCOG Privacy Policy, and our Individual Rights Request Guidance for more details on how we process your personal data: <https://www.rcog.org.uk/about-us/policies/data-protection-policy/individual-rights-requests/>

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

**To be completed by RCOG staff or contributor of image(s)**

|  |  |
| --- | --- |
| Name of event/occasion |  |
| Date of event/occasion |  |
| Name and contact details of photographer or recorder |  |
| Name and job title of person to be photographed or recorded |  |
| Name of person seeking consent (if different from photographer) |  |
| RCOG Photo Library reference(s) |  |

